REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

	thereby certify that this correspondence is being electronically filed with the United States Patent and ademark Office on July 1, 2010 at or before 11:59 p.m. Pacific Time under the Rules of CFR § 1.8. Anita Johnson				
Application Number Filing Date Inventor(s) Title	December 29, 2003Kristine B. Fuimaono	Confirmation No. 6472 BE FOR ABLATION DURING OPEN HEART			
Group Art Unit Examiner Name Docket No.	: 3763: Laura A. Bouchelle: 51638/W112	Date: July 1, 2010			
MAIL TO: Mail Storm This is a Request for identified application	or Continued Examination	n (RCE) under 37 CFR § 1.114 of the above-			
This application is no	ot an application of the kin	d specified in 37 CFR § 1.114(e).			
a. <u>X</u> Pend (1) <u>X</u>	appeal under 37 CFR § 1.1	gs active) the Office on March 2, 2010, as to which no			

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Application No. 10/747,774

An appeal under 37 CFR § 1.191 has been filed. Applicant(s) hereby withdraw that appeal and request reopening of the prosecution of the

			application.
2.	SU	BMISSIC	ON(S) REQUIRED (check at least one)
	a.	Previous	ly submitted
		X_	Consider the amendments/reply under 37 CFR § 1.116 previously filed on June
			2, 2010
			Consider the arguments in the Appeal or Reply Brief previously filed on
			Other:
	b.	Enclosed	
			Amendment/Reply
			Affidavit(s)/Declaration(s)
			Information Disclosure Statement
			Documents under 37 CFR § 1.48
		X	Petition for Extension of Time
			Other:
			correspondence to CUSTOMER NUMBER 23363. Direct telephone calls to
626	5/79)5-9900, (CHRISTIE, PARKER & HALE, LLP, P.O. Box 7068, Pasadena, CA 91109-
700	58 .		

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

Lauren E. Schneider Reg. No. 63,712

626/795-9900

LES/agj

REQUEST FOR CONTINUED EXAMINATION (RCE) FEE CALCULATION SHEET

Application No. 10/747,774

PART I — BASIC FEE						
	Small Entity	Large Entity				
BASIC FEE	\$405.00	\$810.00	\$810.00			

PART II — ADDITIONAL CLAIMS (compared to application before RCE)										
	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE				
Total Claims	21	*21	0	0 x \$26.00	0 x \$52.00	0				
Independent Claims	4	**4	0	0 x \$110.00	0 x \$220.00	0				
First Presenta	First Presentation of Multiple Dependent Claim \$195.00 \$390.00									
TOTAL CLA	TAL CLAIMS FEE									
List Independ										

^{*} IF THE "HIGHEST NUMBER OF TOTAL CLAIMS PREVIOUSLY PAID FOR" IS LESS THAN 20, WRITE "20" IN THIS SPACE.

- 1. FEES (The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.)
 - a. Amount (total from Fee Calculation Sheet)

Please deduct \$810.00 from Deposit Account No. 03-1728.

b. X The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required for this transaction to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account.

AGJ PAS908404.1-*-07/1/10 3:13 PM

^{**} IF THE HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN THIS SPACE.